

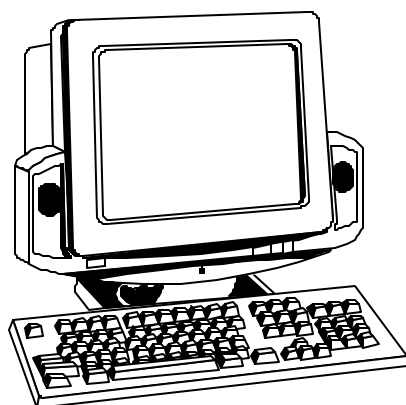


January 2001

Nutrition and WIC Services

## Automation Update

Roger Lewis, Automation Project Coordinator



The process to obtain a modern automated

WIC system for Kansas is nearing a major milestone. The request for proposal (RFP) to hire a contractor to build the system is being refined based on comments from USDA and the Kansas Information Technology Office. The RFP should be released around the time you are reading this with a contractor selected and work to begin this Spring.

The planning activities that allowed Kansas WIC to reach this point were for the most part completed between May 1997 and July 1998. During this time, local clinic and state staff were involved in a number of meetings that resulted in a list of requirements that must be met for the system to work in Kansas. Three modern states system were also viewed first hand by some clinic and state staff to get a feel for how these systems actually work. All of this information was used to develop a plan that USDA would approve so that money would be available. That approval has been received.

The planning process was put on hold while everyone focused on minimizing the potential impact of the year 2000 event. With that effort out of the way a full time project manager, Roger Lewis, began work in April 2000 to update and finalize the plan. The RFP was also updated and submitted for USDA comment and approval.

The next step will be to reestablish the Steering Committee of clinic and state staff who will guide the project. Additional clinic staff will be needed next summer to participate in design activities where our requirements will be turned into actual screens, fields, codes, and procedures. The date the new system will be implemented will be finalized once a contractor has been selected.

## Automation Question and Answer

- Q:** Is it true that the design of the system is unchangeable because it will be transferred from another state?
- A:** No, what is unchangeable at this point are the system functional requirements that were identified during the planning process by clinic and state staff. These are general statements of what the system must be able to do but lack details about exactly how. The design process will have clinic and state staff looking at the requirements, the transfer system, and their own experience to determine the details of how the system will work in Kansas.

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**Q:** Will the new WIC system require the clinic to have KIPHS?

**A:** No, the new WIC system will be able to operate with or without the KIPHS system in the clinic. The two systems will be able to operate on the same machine and use the same printers with no problems expected. There are plans to connect the two systems to simplify scheduling and registration but this has not yet been finalized.

## Pica (What is it? and What can you do about it?)

Sandy Perkins, Maternal and Child Nutrition Consultant

### *The Diagnostic and Statistical Manual of Mental*

*Disorder: DSM-IV* defines pica as “the persistent eating of nonnutritive substances for a period of at least one month, without an association with an aversion to food.” The behavior must be developmentally inappropriate and not part of a culturally sanctioned practice, and severe enough to warrant clinical attention. The Kansas WIC Nutritional Risk Factor K (NRF K) defines pica as the current or recent craving for or ingestion of nonfood items in women and children. The WIC definition includes the craving for nonfood items to identify the risk of pica. Infants are not considered to be at risk for pica because developmentally, infants indiscriminately put numerous items hand-to-mouth.



Pica is a WIC risk factor because of the many nutritional consequences of its complications. These complications include inherent toxicity, including direct toxic effects of substances such as lead or other heavy metals; GI obstruction, such as may be seen with hair eating; an excessive calorie intake, generally related to starch eating; nutritional deprivation, such as eating clay instead of nutritive foods; and other complications, such as parasitic infections and dental injury.

Pica has been around for a long time. The term pica comes from the Latin word meaning magpie, presumably because a magpie has an indiscriminate appetite both foods and nonfoods. Pica was first reported in the 13<sup>th</sup> century. Interestingly, the range of consumed items reported has not changed much during the past four centuries. The table lists items that have been described as objects of pica.

Ashes	Detergent	Paper
Baking soda	Dirt	Pencil erasers
Balloons	Feces	Plant leaves
Burnt matches	Fuzz	Plastic
Chalk	Grass	Powder puffs
Chewing gum	Ice	Powder, baby
Cigarette butts	Insects	Sand
Clay	Lavatory fresheners	Soap
Cloth	Metal	Starch
Coca leaf	Newsprint	String, thread
Coffee grounds	Oyster shells	Toilet tissue
Crayons	Paint chips	Tomato seeds
		Twigs

The cause of pica has eluded researchers for centuries. Theories range from nutritional, sensory, physiologic, neuropsychiatric, cultural, or psycho social perspectives. Nutritional theories are most commonly cited, which attribute pica to specific deficiencies of minerals, such as iron and zinc. The sensory and physiologic theories center on the finding that many people with pica say that they just enjoy the taste, texture, or smell of the item they are eating. Evidence that certain brain lesions in laboratory animals have been associated with abnormal eating behaviors supports the neuropsychiatric theory. Psycho social theories describe an association between pica and family stress. Recently, there has been some evidence that pica is a part of the obsessive-compulsive disorder (OCD) spectrum of diseases. Patients with both OCD and pica have described their pica behavior as one of the ritualistic behaviors they were compelled to carry out, and that eating the substances led to relief of tension or anxiety.

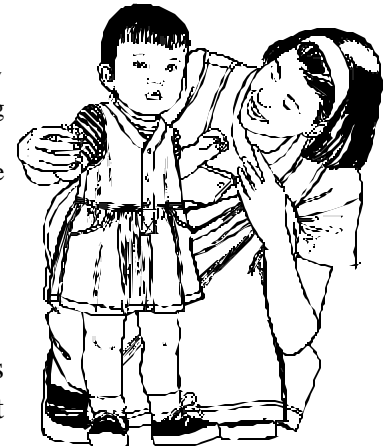
Not all forms of pica are dangerous, and some might not require intervention, but early identification and intervention can help to avoid some of the complications.

Education about nutrition should be the first intervention. Behavioral interventions, such as reinforcement for eating from a plate or punishment for engaging in pica, have been effective in children. Parents can be instructed to provide closer supervision of children during play and to childproof their homes (eg., remove lead-based paints) and play environments (eg., remove sand boxes that contain animal feces). It is recommended that all cases of actual pica (not using the NRF K definition) and WIC clients with a low hemoglobin or hematocrit and NRF K identified through the WIC screening be referred to their medical provider for complete evaluation. Severe cases could even require referral to a mental health specialist.



## Don't Quit

Submitted by Mary Washburn, Breastfeeding Coordinator  
From the wicbfnet listserve



When your baby is crying and you can't put it down

And you feel like the biggest failure in town  
When you want to give up just because you gave in  
and forget all about the benefits within

Well, SO WHAT! You gave some formula, just a bit  
It's your next move that counts so don't you quit.  
It's a moment of truth, no need to feel shame  
It's learning the skills to get back in the game.

It's telling yourself you've done great up to now  
You can take on this challenge and beat it somehow.  
It's part of the journey called motherhood  
Your still gonna make it, you know that you could.

To stumble and fall is not a disgrace  
if you summon the will to get back in the race.  
But, so often the strugglers when losing their grip,  
Just throw in the towel and continue to slip.

And they learn, too late, when the damage is done  
That the race wasn't over, they still could have won.  
Motherhood changes can be awkward and slow  
But facing each challenge will help you to grow.

Success if failure turned inside out  
The silver tint in the cloud of doubt  
So, when pushed to the brink, just refuse to submit,  
If you must give some formula, go ahead give a bit ,  
but then you hang in there and DON'T YOU QUIT!

## Study Finds Mothers' Misunderstanding of Infant Nutrition



A study in the *Journal of Pediatric Health Care* examines mothers' feeding choices and nutritional knowledge and finds that "the lack of knowledge demonstrated by this sample of mothers is of great concern. It is evident that parents need more information about basic nutritional information." Researchers surveyed 490 mothers or mothers-to-be on nutritional information. Between 34% and

61% of the mothers responded correctly to each separate question.

Respondents were asked to indicate whether they agreed or disagreed with the following seven statements:

- / Cow's milk can be introduced into a baby's diet when the baby begins to take solids;
- / Fruit juice provides nutritional benefits unavailable in infant formula feeding;
- / Fruit juice is a necessary part of a baby's diet;
- / If a breastfeeding mother has a low milk supply, she should switch to formula feeding;
- / The best time to wean babies from the breast is when they start to develop teeth;
- / Low iron formula causes less fussiness and constipation in babies; and
- / Milk allergy is the most common cause of frequent spitting up in infancy.

According to the article, "disagree" is the correct answer for all the questions.

Results indicate that:

- r 37% of respondents thought that if a breastfeeding mother has a low milk supply, she should switch to formula feeding (when exclusive breastfeeding is not possible, partial

breastfeeding, supplemented with iron-fortified infant formula is still preferable to premature weaning);

- r 30% of respondents thought that the best time to wean babies from the breast is when they start to develop teeth (parents need to know that there is no need to wean babies when teeth erupt);
- r 26% of respondents thought that low-iron formula causes less fussiness and constipation in babies, and 39% did not know or did not answer the question, indicating that many mothers do not know the correct answer to this question (iron-fortified infant formula is the only appropriate substitute for breastmilk during the first year of life);
- r 29% of respondents believed the most common cause of frequent spitting up is a milk allergy, and 37% did not know or did not answer the question (unless certain other symptoms are present, health care providers can reassure parents that spitting up is normal and that most babies outgrow it by about age one);
- r 19% of respondents thought that cow's milk can be introduced when solid food is introduced, and 21% did not know or did not answer the question (cow's milk should not be introduced during the first year of life, because introducing it earlier puts the infant at risk for iron deficiency anemia and GI bleeding); and
- r 17% of respondents thought fruit juice provides nutritional benefits unavailable in infant formula or breastmilk, and 35% thought that fruit juice is an important part of a baby's diet (infants do not need fruit juice, and infants younger than six months of age should not be fed juice, as it can take the place of other foods or drinks that provide important nutrients).

The article concludes that “pediatric providers must continually work to increase parental understanding of basic infant nutrition,” and that “to help parents understand and learn, the information will need to be presented again and again in different ways.”

Hobbie, Cynthia, Susan Baker, and Cynthia Bayerl. “Parental Understanding of Basic Infant Nutrition: Misinformed Feeding Choices.” *Journal of Pediatric Health Care*. 2000; 14(1):26-31.

## Local Agency News



### Welcome to these new WIC employees:

Chautauqua, Montgomery, Wilson Counties:

Judy Neely, RD

Lincoln County: Judy Larsen, clerk

Lincoln County: Beverly Hlad, RN

Neosho County: Lisa Welch, clerk

Sedgwick County: Kathy Nichols, clerk

Sedgwick County: Maria Kochi, RN

Shawnee County: Josephine Wright, clerk

Shawnee County: Gregoria Cabrera, clerk

Sheridan County: Melanie Cooper, RN

Sheridan County Ronda Sabatka, clerk

Southwest Kansas WIC: Marisela Ruiz, clerk

Southwest Kansas WIC: Claudia Villa, clerk

Southwest Kansas WIC: Maria Saldana, clerk

Wyandotte County: Constantia Reddick, clerk

### Farewell to these WIC employees:

Sedgwick County: Valarie Autry, Administrative Assistant

Southwest Kansas WIC: Teresa Salyer, clerk

Southwest Kansas WIC: Samara Fernandez, clerk

Southwest Kansas WIC: Monica Roman, clerk

We send our sympathy to Lynn Kasper, RD for Lincoln, Russell, and Ellis Counties on the recent death of her brother.

We send our sympathy to Ugo Ejibe, RD for Sedgwick County on the recent death of her brother.

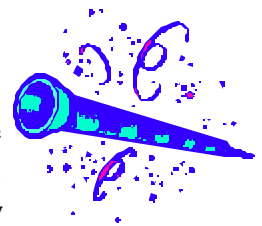
Congratulations to Labeth Pendergrass, Lyon County, on the birth of her twin daughters, Elizabeth Gail and Eliana Michelle. Elizabeth weighed 3 pounds 7 ounces and Eliana, 4 pounds 5 ounces. Mother and daughters are doing well.

The Geary County Health Department has adapted for their use the Ohio Department of Health Policy Statement on Infant Feeding and the associated breastfeeding support policies. This is a comprehensive plan for breastfeeding promotion and support which includes WIC, Maternal & Infant and Family Planning Programs. The implementation and compliance process began with presentation to and approval of department heads. Instruction was given to staff members from the various programs at a general staff meeting. The guidelines and policies provide direction for ongoing training in the area of breastfeeding promotion and support.

The need for the policy to be in place became apparent to Barbara Herrman when she took a lactation class from Jan Riordan, Wichita State University via the internet. As part of Barbara's class project a survey was completed and the Ohio document was identified. If you would like to receive a copy of the information or talk directly to Barbara, she can be reached at the Geary County Health Department (785)762-5788 or email at [herrman@kansas.net](mailto:herrman@kansas.net).

## State Agency News

Congratulations to Patrice Thomsen, RD, Program Consultant on being named Shawnee County Food and Consumer Science Professional of the Year. Way to go, Patrice!



## Check This Out!

Pat Dunavan, Nutrition Education Specialist



Want some quick suggestions on making sense of portion sizes? Need a printable handout on a topic such as baby bottle tooth decay? Then check out <http://osu.orst.edu/dept/ehe/nutrition.htm>. If you look under "Nutrition and Food" and scroll down to "Resources for training" you will find all of this and more.

Needing information of food safety? Then <http://www.homefoodsafety.org> is your site. This site includes an interactive kitchen quiz, press releases, and cooking tips for all seasons.

<http://www.soupsong.com> will provide you with all you ever wanted to know about soup and more. Don't overlook all the great soup recipes while you are cruising this site.

Looking for a one-stop place for information on fruits and vegetables from a to z? Here it is at <http://www.aboutproduce.com>. This site, sponsored by the Produce Marketing Association will answer your questions on purchasing, storage, and preparation with many recipes available in this easy to use site.

Physical activity and good nutrition are both essential for a healthy life. Here is a site that combines sound information on both. <http://www.phys.com> is an on-line magazine that provides exercise tips, nutrition reviews by registered dietitians, an evaluation of fad diets, and much more.

The Alternative Medicine Foundation now has a web site which provides evidence-based research resources for health care professionals and consumers on herbal and other alternative medicines. It also includes links to summaries of papers published in scientific journals

describing the benefits, harmful effects, and safety testing about herbal medicines. Check it out at <http://www.amfoundation.org/index.html>.

Can you predict a child's height? While there is no fool-proof way to absolutely predict a child's adult height, there is an equation that can provide an estimate, based on parental height and a child's current height and age. WebMD has developed a height calculator based on this equation. You can access it at <http://my.webmd.com/heightpredict>.



## Monitoring for High Risk Vendors

Terry Patnode, Vendor Manager

At this past WIC Technical meeting in Wichita, it was mentioned in the Vendor Management Section that the Local Agency (LA) is responsible to annually monitor no less than 10% of the WIC vendors in the LA management area, with the "high risk" vendors having priority. Currently, a system is in place to identify these high risk vendors. The High Risk Vendor Analysis System (HRVAS) has been established using the computer software company contracted with the State of Kansas WIC Program. Every calendar quarter the State Agency (SA) receives a list of the top twelve, or bottom twelve (depending on which way you look at it) vendors that have been classified as high risk.

Four indicators have been established to determine vendors who exhibit possible patterns of abuse in processing WIC vouchers. No single indicator or combination of indicators will certify a vendor as guilty of deliberate abuse, but a high ranking may signal that a vendor's activities are worthy of closer inspection. These four indicators are:

1. Very high average voucher amount (redeemed amounts) for the vendor type. (Example-small, medium or large chain or independent store)
2. Very high percentage of high voucher amounts in relation to the average amounts for that vendor type.
3. Very low variation in voucher amounts for the vendor type.
4. Very high percentages of vouchers redeemed at the most common amount for that vendor type.

So, what steps should be taken to monitor these high risk vendors?

Step 1 includes a training manual currently being developed by the SA explaining the high risk criteria in detail, how a vendor gets on the high risk list and how to use the PDA produced list of the high risk vendors in the LA's area;

Step 2 includes the actual monitoring of these high risk vendors by the LA using the Voucher Review Form (Appendix D from the LA Vendor Management Procedures Manual), paying particular attention to the reason why this vendor has been put on the list;

Step 3 includes a compliance buy (an undercover investigation) to detect a "pattern" of abuse of the WIC Program, and

Step 4 includes an analysis of the compliance buy to decide if the vendor is indeed guilty of abusing the WIC Program.

NOTE: Program violations which can be observed during the voucher review process or compliance buys include:

- X Charging sales tax on WIC vouchers.
- X Charging for foods that were not provided to WIC participants.
- X Selling non-approved WIC foods. Example-lemonade, tomato juice, pineapple juice, cherry juice.
- X Providing non-food items for WIC vouchers. Example-tobacco items, alcoholic products, etc.
- X Charging more than the shelf price for authorized food items.

- X Not obtaining the participant signature prior to totaling the left side of the voucher and recording the price in the "Voucher Total" box.
- X Providing rain checks in lieu of food items.
- X Discriminating against WIC participants.
- X Selling WIC foods past the manufacturer's expiration date on the container.



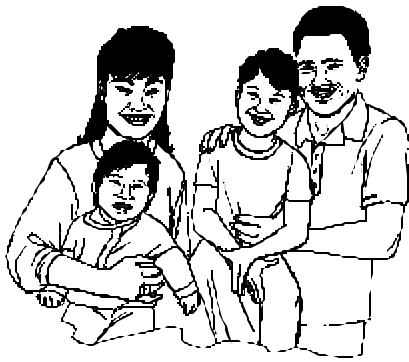
## Why Super-Sized Portions May Be Super-Sizing Kids

from Feeding Kids newsletter by Connie Evers,  
<http://nutritionforkids.com>

In the February 2000 issue of the Journal of the American Dietetic Association, Barbara Rolls and colleagues report on a portion-size study they conducted with three and five year-old children. When offered three different sized portions on different days, they found that three year-olds ate according to appetite and were not influenced by the size of the portion. The five year-olds, however, adjusted their intake based on the serving size. In other words, they ate more when they were served bigger portions. This study offers insight into why the "super-sized" portions that have become so common in the U.S. may also be "super-sizing" our children's bodies.

Rolls BJ. Engell D. Birch LL. Serving portion size influences 5-year-old but not 3-year-old children's food intakes. J Am Diet Assoc. 2000;100(2): 232-234.





## Reaching New WIC Participants

Pat Dunavan, Nutrition Education Specialist

Outreach to potential WIC participants remains a priority as we strive to reach new caseload numbers. Because it is difficult to think of new methods for reaching new people, we are including suggestions from other WIC agencies that have worked.

1. Go to a large grocery store and, with the manager's permission, set up a table to make appointments and hand out WIC information.
2. Encourage local news media to do stories on how working families can apply for WIC.
3. Contact local food stamp and Medicaid offices. Provide them with outreach materials and offer to train their staff on eligibility for WIC.
4. Consider new hours for your clinic. Opening a half hour earlier, staying open over lunch hours, or staying open later during the week can encourage working mothers to get into the program.
5. Is there a transportation service in your town that would volunteer to drive potential clients to your clinic? Some clients can't use WIC services because they can't reach them.
6. Put notices about WIC in small town newspapers. Include the phone numbers of local clinics.
7. Ask your local cable television to do WIC announcements (include local clinic numbers).
8. Give WIC information to new parents at the local hospital or ask nurses to include WIC information in packets given to new parents.
9. Give WIC information to the hospital chaplain and discharge planner so they can give it to mothers of newborns.
10. Set up a booth at health fairs and flea markets. Hand out promotional materials on WIC and nutrition topics.
11. Get the help of current WIC participants. Have a "Bring A Friend to WIC" contest. Vendors and local businesses can donate gifts to the winners.
12. Take flyers to housing projects where there are large numbers of potentially eligible people.
13. Supply family planning clinics and Planned Parenthood with WIC literature. Encourage their staff to refer women to WIC.
14. Speak to the National Guard and American Legion in your area about WIC. There are lots of young families in the Guard.
15. Give information on WIC to local food banks, commodity programs, and ministerial alliance groups. Include clinic contact numbers.
16. Put WIC posters with clinic phone numbers in Laundromats, grocery stores, housing projects, factories, and other places that young families frequent.
17. Ask local physicians to place WIC information in their prenatal kits or display it in their office waiting room.
18. Place WIC information or posters in employment offices.
19. Place WIC information at day care centers, Headstart programs, and registered babysitters in your community.
20. Inform local high school staff about the WIC program and encourage referrals.
21. Ask your community churches to talk about WIC in Sunday school and church. Provide WIC information for their members.
22. Go to local colleges and universities and talk with students about WIC services.
23. Designate a member of your staff to be outreach coordinator. She can coordinate all efforts to community organizations and be available to speak on the WIC program.



24. Ask schools to send WIC materials with the information on free and reduced school lunch programs to parents.
25. Provide envelope stuffers for factories whose employees may be eligible for WIC.
26. Work with your local La Leche League to promote breastfeeding and WIC.
27. Put WIC flyers on car windows at the local shopping mall.
28. Ask local radio stations to do public service announcements about WIC.
29. Ask local grocery vendors to put a WIC flyer in their grocery bags.
30. Ask local businesses to place WIC materials in their stores. How about a stuffer for Happy Meals?



## Ross Breastfeeding Rates

Mary K. Washburn, Breastfeeding Coordinator

The Ross Mother's Survey is an ongoing mail survey that is periodically mailed to a nationally representative sample of new mothers. Since 1997, the survey is mailed to new mothers monthly until their infant is 12 months of age. Mothers are asked to recall the type of milk their baby was fed in the hospital, at 1 week of age, in the last 30 days, and most often in the last week. In 1999, 1.4 million questionnaires were mailed, 117,000 each month; the response rate was 32%. Following are rates I am sure you will find interesting.

	1997	1998	1999
National			
Initiation %	62.4	64.3	67.2
6-Month Rates %	26.0	28.6	30.7
Kansas (Non-WIC & WIC)			
Initiation %	69.6	69.9	71.5
6-Month Rates %	26.8	26.4	28.6
Kansas WIC			
Initiation %	58.3	59.9	60.3
6-Month Rates %	21.8	19.9	

Source: Mothers Survey, Ross Products Division, Abbott Laboratories

Despite Kansas's success with breastfeeding initiation, WIC has not fared as well when it comes to helping women continue to breastfeed. For the third year in a row 6 month rates have declined among WIC mothers. We need to ask ourselves, why are the duration rates declining among WIC mothers? There are many factors that are related to women discontinuing breastfeeding early in the postpartum period. WIC clinics report that moms are returning to work sooner before they have an established milk supply. Also, WIC moms frequently work at jobs that are not breastfeeding friendly.

In addition to moms returning to work, the early introduction of solids can negatively impact breastfeeding duration. According to the 1998 Pregnancy Nutrition Surveillance System for Kansas out of the 63.2% that ever breastfed only 15.3 % exclusively breastfed. Many of the moms discontinue breastfeeding because their expectations regarding breastfeeding do not match the reality. In other words, many moms think that breastfeeding problems will not occur. We all can focus

on helping moms understand that it takes time to establish a breastfeeding relationship and where to call for help in resolving problems. I believe that we can work together to increase duration.

According to Arora et al (Pediatrics Vol. 106 No 5 November 2000), factors that influence feeding decisions include more teaching from nurses in hospitals, more information from the doctor, a different work situation, knowing more people who breastfeed, encouragement from friends and/or family members and more information from prenatal class. This study ranked as one of the top 3 reasons that women could not breastfeed because they had to return to work. Education on using a breast pump and creating a breastfeeding friendly work environment would be beneficial.

Kansas breastfeeding initiation rates have continued to increase. The challenge we all face is to support women to continue to breastfeed and provide an environment that supports the continuation of breastfeeding. Thank you for all your effort in promoting breastfeeding.



We Wish You A Wonderful 2001 !

The Kansas Nutrition and WIC  
Services Staff

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